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Subject: Ebola Roundtable Discussion
Location: Room 252, Edgar Brown Building
When: 10/20/2014 2:00:00 PM - 3:30:00 PM
Attachments: ATT65811

Advance: Dean Johnson
(803)608-2103
Brown Building 252 (1PM-5PM)
For Room Set-up: Danny Hammond 518-2412

APPROVED BY: NH

EVENT: Ebola Roundtable Discussion

DATE: Monday, October 20, 2014

TIME: 2:00-3:30 p.m.

LOCATION: Brown Building, Room 252; Statehouse Grounds

LOCATION SET-UP: Cabinet meeting style. Tables will be set up in a long square. Each seat will have a name placard.

PRIMARY STAFF: Ted, Swati, Austin, and Becca will all attend.

PURPOSE: To host an Ebola Preparedness Roundtable with State Leaders. Officials and experts will discuss readiness, management, and response. The roundtable discussion will address the importance of coordination, training, preparedness measures, and public outreach between various groups and organizations.

PRESS: Yes.

PUBLIC: Yes.

AGENDA (SPEAKING ORDER): See draft Agenda below talking points. NH will review with staff to make revisions on Monday at 12:15 p.m. meeting.

ATTENDEES:

1. Governor Nikki R. Haley
2. Catherine Templeton – Director, Department of Health and Environmental Control
3. Major General Bob Livingston – Adjutant General, South Carolina National Guard
4. Tony Keck – Director, Department of Health & Human Services
5. Mark Keel – Chief, South Carolina Law Enforcement Division
6. Duane Parrish – Director, Department of Parks, Recreation and Tourism

7. Kim Stenson – Director, South Carolina Emergency Management Division
8. Senator Harvey Peeler – Chairman, Senate Medical Affairs Committee
9. Representative Leon Howard – Chairman, House Medical, Military, Public and Municipal Affairs Committee
10. Allen Amsler – Board Chairman, Department of Health and Environmental Control
11. Dr. Linda Bell – State Epidemiologist, Department of Health and Environmental Control
12. Dr. Patrick Cawley – CEO, Medical University of South Carolina Medical Center
13. Chuck Beaman – CEO, Palmetto Health
14. Paul Johnson – President, Greenville Memorial Medical Campus
15. Thornton Kirby – President & CEO, South Carolina Hospital Association
16. Dr. Rick Nolte – Director of Clinical Laboratories, Medical University of South Carolina
17. Dr. Helmut Albrecht – Chief of Infectious Diseases, University of South Carolina School of Medicine
18. Dr. Jim Chow – Medical Director, South Carolina National Guard

OPENING TALKING POINTS:

INTRODUCTION: Thanks to everyone for being here and joining our roundtable discussion about our state's readiness, management, and response. First, it needs to be said that there is a very low risk of an Ebola outbreak in South Carolina. Our medical experts will talk today about those risks. (Fact: 78 people in SC died from the flu last year) What we are doing today is reassuring South Carolinians that we are watching and preparing for any emergency, just like we would do for a hurricane or an ice storm I invited this group of leaders and experts because you understand the importance of and play a part in being prepared to handle this virus whether in a hospital or in the public.

- GOAL FOR TODAY IS TO INFORM PUBLIC: My goal for today is to let the public know what we, as a state, have done; what we are doing now; and what we are going to do moving forward. I believe that information empowers people, and I want every South Carolinian to know the facts, know what to watch out for, and can be confident and safe in their everyday lives.

- CONFERENCE CALL: Last week, we had a conference call to organize the kind of calls we would regularly hold should South Carolina identify a case of ebola. We hold these same kinds of calls for winter storms and hurricanes, and they really help pull the team together. A number of you here today participated and shared some good information about the work your agencies are doing. I particularly want to thank some who are new to our calls: DHEC Chairman Allan Amsler, Thornton Kirby from the Hospital Association, and National Guard Medical Director Dr. Jim Chow.

- FLU SHOTS: We also want to make sure that we're preventing the Flu, which has similar symptoms. My staff has reached out to Peggy Boykin over state employee benefits to encourage them to do everything they can on that front, and DHEC always does a good job really promoting flu shots in communities across the state. We've also asked our cabinet agencies to each hold onsite flu shot clinics.

- START WITH MEDICAL EXPERTS: As we go around the table, I first want to hear directly from the medical experts about Ebola – what are the signs and symptoms, how is the virus contracted, and more important, how is it NOT contracted. So, with that, Dr. Bell, our State Epidemiologist, we'll start with you and your colleagues.

CLOSING TALKING POINTS:

- TEAM SC IS STRONG: As we've seen today, Team South Carolina is strong, and Team South Carolina is ready. We have top-notch hospitals in every region of the state, committed to giving first-rate care to their employees and patients. We have fantastic state agencies who working hand-in-hand with their state, local, and federal counterparts.

- ****ACTION ITEMS: Mention a short list of action items or high points from the meeting.*

- CALM AND CONFIDENT: Although there is a lot of media-attention, and speculation about Ebola, I want our citizens to be calm and confident that their hospitals and their state are working hard, and working together, to get information out to the public and to protect the public.

- PERSONAL RESPONSIBILITY: But there is an important personal responsibility component to this disease. You have to be vigilant about who you come in contact with, where they've traveled, and you have to keep an eye out for symptoms. And, if you think you may have gotten sick, you have to tell the nurses and doctors working on you right away. We have to protect ourselves and each other.

- That's what Team South Carolina does best – "Neighbors helping neighbors." And it's what we'll continue to do as we monitor this situation.

DRAFT AGENDA:
NH will review with staff to make revisions on Monday at 12:15 p.m. meeting.

Ebola Roundtable Discussion

Monday, October 20, 2014
2:00 – 3:30 p.m.
Brown Building, Room 252; Columbia, South Carolina

AGENDA

I. **Welcome and Opening Remarks** Governor Nikki Haley

I. **Update on Ebola Health Information:**

State Epidemiologist Dr. Linda Bell

I. **Reports from Lead Emergency Response Agencies:**

SCDHEC	Director Catherine Templeton
SCEMD	Director Kim Stenson
SC National Guard	General Bob Livingston
SLED	Chief Mark Keel

I. **Reports from State's Regional Referral Centers:**

SC Hospital Association	Thornton Kirby
MUSC Medical Center	Dr. Patrick Cawley, CEO
Palmetto Health	Chuck Beaman, CEO
Greenville Memorial Medical	Paul Johnson, President

I. **Comments from Members of the General Assembly:**

SC Senate Medical Affairs Committee	Chairman Harvey Peeler
SC House MMM Committee	Chairman Leon Howard

I. **Closing Remarks**

BACKGROUND ONLY – "PUBLIC HEALTH EMERGENCY" TIMELINE:

- ABOUT: A "Public Health Emergency" would be issued by Executive Order and is different from a State of Emergency; however, both could be declared at the same time. The main reason to declare a Public Health Emergency" is to give DHEC broad powers to quarantine sick individuals. **Only the GOVERNOR has the power to declare a Public Health Emergency; the Director of DHEC cannot.**

- BEFORE: Before the GOVERNOR declares a Public Health Emergency, TEMPLETON has powers to isolate and quarantine the sick AND issue public health orders. She has issued some public health orders already. If there is a confirmed case in SC, then DHEC would support a hospital in their duty to isolate and quarantine.

- AFTER: After the GOVERNOR declares a Public Health Emergency, Templeton has virtually unfettered powers to isolate and quarantine the sick and take or dispose of property. If there are numerous confirmed cases in SC that warrant a state and/or federal response (i.e. the local hospital cannot handle it alone), then it would be likely that the Director of DHEC would recommend that the GOVERNOR declare a Public Health Emergency, so DHEC could step in to help.

BACKGROUND – ONE PAGER ON EBOLA:

Ebola Symptoms: May appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days. Includes:

- Fever (greater than 100.4°F)
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Recovery from Ebola depends on good supportive clinical care and the patient's immune response. People who recover from Ebola infection develop antibodies that last for at least 10 years.

***Identifying Ebola*:**

Person Under Investigation (PUI): a person with fever or compatible Ebola symptoms (see above) AND epidemiologic risk factors within the past 21 days before the onset of symptoms, such as

- Contact with blood or other body fluids or human remains of a patient known to have or suspected to have Ebola;
- residence in—or travel to—an area where Ebola transmission is active (Guinea, Liberia, or Sierra Leone);
- or direct handling of bats or non-human primates from disease-endemic areas.

A case dealing with a PUI would generally be referred to as a ***suspected case.*** More specifically, a case might be categorized as:

Probable Case: A PUI whose epidemiologic risk factors include high or low risk exposure(s) (see below); or a

Confirmed Case: A case with laboratory-confirmed diagnostic evidence of Ebola virus infection.

High risk exposures: Includes any of the following:

- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of ebola patient;
- Direct skin contact with, or exposure to blood or body fluids of, an ebola patient without appropriate PPE;
- Processing blood or body fluids of a confirmed ebola patient without appropriate PPE or standard biosafety precautions; or
- Direct contact with a dead body without appropriate PPE in a country where an ebola outbreak is occurring

Low risk exposures: Includes any of the following:

- Household contact with an ebola patient
- Other close contact with ebola patients in health care facilities or community settings.

  Close contact is defined as
  - being within approximately 3 feet (1 meter) of an ebola patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment; or
  - having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment.

Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

Isolating Ebola and Communicating:

Upon identifying a suspected case of ebola, a provider should:

1. Isolate patient in single room with a private bathroom and with the door to hallway closed;

2. Implement standard, contact, and droplet precautions (PPE including gown, facemask, eye protection, and gloves);

3. Notify the hospital Infection Control Program and other appropriate staff;

4. Evaluate for any risk exposures for Ebola; and

5. IMMEDIATELY report to the health department.

Seating Arrangements: